

**Step 1: Universal Data Collection**

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name Data Quality: \* Social Security Number: \* Birthdate: \* \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Full Name Reported                         | <input type="checkbox"/> _____                               | <input type="checkbox"/> Full DOB Reported                   |
| <input type="checkbox"/> Partial, Street Name or Code Name Reported | <input type="checkbox"/> Full SSN Reported                   | <input type="checkbox"/> Approximate or Partial DOB Reported |
| <input type="checkbox"/> Client Doesn't Know                        | <input type="checkbox"/> Approximate or Partial SSN Reported | <input type="checkbox"/> Client Doesn't Know                 |
| <input type="checkbox"/> Client Refused                             | <input type="checkbox"/> Client Doesn't Know                 | <input type="checkbox"/> Client Refused                      |
| <input type="checkbox"/> Data Not Collected                         | <input type="checkbox"/> Client Refused                      | <input type="checkbox"/> Data Not Collected                  |
|   | <input type="checkbox"/> Data Not Collected                  |  |

- |  |  |  |
|--|--|--|
| <b>Ethnicity:*</b>                           | <b>Race:*</b> <i>(Select All That Apply)</i>                       | <b>Gender:*</b>  |
| <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Male  |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Female  |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Transgender Female to Male                          |
| <input type="checkbox"/> Client Refused      | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Transgender Male to Female                          |
| <input type="checkbox"/> Data Not Collected  | <input type="checkbox"/> White                                     | <input type="checkbox"/> Client Doesn't Identify Male, Female or Transgender |
| <b>If Female, Pregnancy Status:*</b>         | <input type="checkbox"/> Client Doesn't Know                       | <input type="checkbox"/> Client Doesn't Know                                 |
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Client Refused                            | <input type="checkbox"/> Client Refused                                      |
| <input type="checkbox"/> Due Date: _____     | <input type="checkbox"/> Data Not Collected                        | <input type="checkbox"/> Data Not Collected                                  |
| <input type="checkbox"/> No                  |  |  |
| <input type="checkbox"/> Client Doesn't Know |  |  |
| <input type="checkbox"/> Client Refused      |  |  |
| <input type="checkbox"/> Data Not Collected  |  |  |

- |  |  |  |
|--|--|--|
| <b>Disabling Condition:*</b>                 | <b>Veteran Status:*</b>                      | <b>Relationship to Head of Household:*</b>       |
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Yes                 | <input type="checkbox"/> Self                    |
| <input type="checkbox"/> No                  | <input type="checkbox"/> No                  | <input type="checkbox"/> Foster Child            |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Son                     |
| <input type="checkbox"/> Client Refused      | <input type="checkbox"/> Client Refused      | <input type="checkbox"/> Daughter                |
| <input type="checkbox"/> Data Not Collected  | <input type="checkbox"/> Data Not Collected  | <input type="checkbox"/> Dependent Child         |
|  |  | <input type="checkbox"/> Spouse                  |
|  |  | <input type="checkbox"/> Grandchild              |
|  |  | <input type="checkbox"/> Other Family Member     |
|  |  | <input type="checkbox"/> Other Non-Family Member |

Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:\* \_\_\_\_\_ Street Outreach Project Entry Date:\* \_\_\_\_\_  
Case Assignment:\* \_\_\_\_\_ Street Outreach Engagement Date:\* \_\_\_\_\_

### **(ONLY REQUIRED FOR ESG, CoC and SSVF RAPID RE-HOUSING PARTICIPANTS)**

Residential Move-In Information Date:\* \_\_\_\_\_ (enter date permanent housing status assessed)

In Permanent Housing:\* ☐ Yes ☐ No If Yes, Date of Move-In:\* \_\_\_\_\_

## Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an \* are required fields.

Housing Status: (Based on housing condition just prior to project entry)

- |  |  |
|--|--|
| <input type="checkbox"/> Category 1 – Homeless                                   | <input type="checkbox"/> Stably Housed       |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing         | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence                  | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> At Risk of Homelessness                                 |  |

### **(ONLY REQUIRED FOR SSVF PARTICIPANTS)**

Household Income as Percentage of AMI:\* VAMC Station Number:\* \_\_\_\_\_  
☐ Less than 30%  
☐ 30% to 50%  
☐ Greater than 50%

Type of Residence:\* (Living situation just prior to project entry)

#### **HOMELESS SITUATION**

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven
- ☐ Interim Housing (housing situation where a chronically homeless person has applied for permanent housing, been accepted and housing reserved, but unit is not yet available)

**If the client's type of residence is a homeless situation, answer the following questions:**

Length of stay in the prior living situation:\*

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One year or longer  |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> One month or more, but less than 90 days  | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> 90 days or more, but less than one year   |  |

Approximate date homelessness started:\* \_\_\_\_\_

Type of Residence:\* *(Living situation just prior to project entry)*

**INSTITUTIONAL SITUATION**

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison or Juvenile Detention Center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center

**If the client's type of residence is an institutional situation, answer the following questions:**

Did you stay less than 90 days:\*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:\*

If No, then length of stay in the prior living situation:\*

☐ One night or less

☐ 90 days or more, but less than one year

☐ Two to six nights

☐ One year or longer

☐ One week or more, but less than one month

☐ Client Doesn't Know

☐ One month or more, but less than 90 days

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

☐ Client Refused

☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

☐ Yes, approximate date homelessness started: \_\_\_\_\_

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Type of Residence:\* *(Living situation just prior to project entry)*

**TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Transitional Housing for Homeless Persons (Including Homeless Youth)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**If the client's type of residence is a transitional or permanent housing situation, answer the following questions:**

Did you stay less than 7 nights?:\*

☐ Yes

☐ No

If Yes, then length of stay in the prior living situation:\*

If No, then length of stay in the prior living situation:\*

☐ One night or less

☐ One week or more, but less than one month

☐ Two to six nights

☐ One month or longer, but less than 90 days

☐ One week or more, but less than one month

☐ 90 days or more, but less than one year

☐ One month or more, but less than 90 days

☐ One year or longer

☐ Client Doesn't Know

☐ Client Doesn't Know

☐ Client Refused

☐ Client Refused

☐ Data Not Collected

☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

☐ Yes, approximate date homelessness started: \_\_\_\_\_

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

***Only answer the next two questions if client's type of residence was a homeless situation or if client stayed on the streets, in an ES or SH on the night before.***

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:\*

☐ One Time

☐ Client Doesn't Know

☐ Two Times

☐ Client Refused

☐ Three Times

☐ Data Not Collected

☐ Four Times

Total number of months homeless on the street, in ES, or SH in the past three years:\*

☐ One month (this time is the first month)

☐ Client Doesn't Know

☐ 2-12 months

☐ Client Refused

☐ Number of months (2-12):\* \_\_\_\_\_

☐ Data Not Collected

☐ More than 12 months

**(ONLY REQUIRED FOR SSVF PARTICIPANTS)**

Address Prior to Entry

Address:\* \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Address Prior to Entry Quality:\*

☐ Full Address Reported

☐ Client Refused

☐ Incomplete or Estimated Address Reported

☐ Data Not Collected

☐ Client Doesn't Know

Covered by Health Insurance:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Type:\*

- ☐ Private - COBRA ☐ Military Insurance  
☐ Private – Employer ☐ Other Public  
☐ Private – Individual ☐ State Funded (HIP or HIP 2.0)  
☐ Medicare ☐ Indian Health Service (Native American)  
☐ Medicaid ☐ Other \_\_\_\_\_  
☐ State Children's Health Insurance Program  
(S-CHIP; not Medicaid or HIP)

Status:\*

- ☐ Active ☐ No  
☐ Start Date: \_\_\_\_\_ ☐ Applied; decision pending ☐ Client Doesn't Know  
☐ End Date: \_\_\_\_\_ ☐ Applied; client not eligible ☐ Client Refused  
☐ Client did not apply ☐ Data Not Collected  
☐ Insurance type N/A for this client

Veterans Assessment:\*

Military Branch:\*

- ☐ Army ☐ Client Doesn't Know  
☐ Air Force ☐ Client Refused  
☐ Navy ☐ Data Not Collected  
☐ Marines  
☐ Coast Guard

Discharge Status:\*

- ☐ Honorable ☐ Uncharacterized  
☐ General under honorable conditions ☐ Client Doesn't Know  
☐ Bad Conduct ☐ Client Refused  
☐ Dishonorable ☐ Data Not Collected  
☐ Under Other Than Honorable Conditions (OTH)

Service Entry Date: \_\_\_\_\_ Service Exit Date: \_\_\_\_\_

Select Theatre(s) of Operation(s):\* (May not apply to client)

- ☐ World War II (September 1940-July 1947)  
☐ Vietnam War (August 1964-April 1975)  
☐ Persian Gulf War (Operation Desert Storm)  
(August 1991-September 10, 2001)  
☐ Afghanistan (Operation Enduring Freedom)  
☐ Iraq (Operation Iraqi Freedom)  
☐ Iraq (Operation New Dawn)  
☐ Other Peace-keeping operations or military interventions  
(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  
☐ Korean War (June 1950-January 1955)

Status:\*

- ☐ Yes  
☐ No  
☐ Client Doesn't Know  
☐ Client Refused  
☐ Data Not Collected

HMIS Barriers Assessment:\*

<b><u>Barriers:*</u></b>	<b><u>Barrier Present?</u></b>	<b><u>Receiving Services/Treatment?</u></b>	<b><u>Condition is Indefinite?</u></b>	<b><u>Documentation on File?</u></b>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:\*

Is client a victim of domestic violence:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Currently Fleeing:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

If yes, when experience occurred:\*

- ☐ Within the past three months  
☐ Three to six months ago (excluding 6 months exactly)  
☐ Six months to one year ago (excluding 1 year exactly)  
☐ One year ago or more  
☐ Client Doesn't Know  
☐ Client Refused  
☐ Data Not Collected

Financial Assessment:\* Cash Income:\*

☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_  
☐ Private Disability Insurance \$ \_\_\_\_\_  
☐ Unemployment Insurance \$ \_\_\_\_\_  
☐ Worker's Compensation \$ \_\_\_\_\_  
☐ Pension From Former Job (VA Included) \$ \_\_\_\_\_  
☐ Supplemental Security Income \$ \_\_\_\_\_  
☐ Social Security Disability Income \$ \_\_\_\_\_  
☐ Retirement (Social Security) \$ \_\_\_\_\_  
☐ Alimony \$ \_\_\_\_\_  
☐ VA Service-Connected Disability \$ \_\_\_\_\_  
☐ VA NonService-Connected Disability \$ \_\_\_\_\_  
☐ TANF \$ \_\_\_\_\_  
☐ Child Support \$ \_\_\_\_\_  
☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits:\*

☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_  
☐ Special Supplemental Nutrition Program (WIC)  
☐ TANF Child Care Services  
☐ TANF Transportation Services  
☐ Other TANF Funded Services  
☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ \_\_\_\_\_  
☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_  
☐ Other Source

SSVF Homeless Prevention Assessment:\* **(ONLY REQUIRED FOR SSVF PREVENTION PARTICIPANTS)**

Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation:\*

- ☐ Yes ☐ No

Current housing loss expected within:\*

- ☐ 0-6 days ☐ 14-21 days  
☐ 7-13 days ☐ More than 21 days

Current household income is \$0:\*

- ☐ Yes ☐ No

Annual household gross income amount:\*

- ☐ 0-14% of AMI for household size ☐ More than 30% of AMI for household size  
☐ 15-30% of AMI for household size

Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months:\*

- ☐ Yes ☐ No

Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months:\*

- ☐ Yes ☐ No

**SSVF Homeless Prevention Assessment:\* (ONLY REQUIRED FOR SSVF PREVENTION PARTICIPANTS)**

Rental evictions within the past 7 years:\*

- ☐ 4 or more rental evictions      ☐ 1 prior rental eviction  
☐ 2-3 prior rental evictions      ☐ None

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit:\*

- ☐ Yes      ☐ No

History of literal homelessness (street/shelter/transitional housing):\*

- ☐ 4 or more times or total of at least 12 months in the past 3 years      ☐ 1 time in the past 3 years  
☐ 2-3 times in the past 3 years      ☐ None

Head of household with disabling condition (physical, health, mental health, substance use) that directly affects ability to secure/maintain housing:\*

- ☐ Yes      ☐ No

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property:\*

- ☐ Yes      ☐ No

Registered sex offender:\*

- ☐ Yes      ☐ No

At least one dependent child under age 6:\*

- ☐ Yes      ☐ No

Single parent with minor child(ren):\*

- ☐ Yes      ☐ No

Household size of 5 more requiring at least 3 bedrooms (due to age/gender mix):\*

- ☐ Yes      ☐ No

Any Veteran in household served in Iraq or Afghanistan:\*

- ☐ Yes      ☐ No

Female Veteran:\*

- ☐ Yes      ☐ No

**Crisis Service Assessment:\* (ONLY REQUIRED FOR SSVF PARTICIPANTS)**

Number of visits to an emergency room in the past year:\*

- ☐ 0      ☐ More than 20  
☐ 1-2      ☐ Client Doesn't Know  
☐ 3-5      ☐ Client Refused  
☐ 6-10      ☐ Data Not Collected  
☐ 11-20

Approximate number of nights spent in an inpatient medical facility in the past year:\*

- ☐ 0      ☐ More than 20  
☐ 1-2      ☐ Client Doesn't Know  
☐ 3-5      ☐ Client Refused  
☐ 6-10      ☐ Data Not Collected  
☐ 11-20

Approximate number of nights spent in an inpatient medical facility in the past year:\*

- ☐ 0      ☐ More than 20  
☐ 1-2      ☐ Client Doesn't Know  
☐ 3-5      ☐ Client Refused  
☐ 6-10      ☐ Data Not Collected  
☐ 11-20



Adult Education Assessment:\*

Currently in School/Working on Degree:

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Received Vocational Training/Apprenticeship:

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Highest Grade Completed:\*

- |  |  |
|--|--|
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> GED                 |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Some college        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 9 <sup>th</sup> Grade                     | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> 10 <sup>th</sup> Grade                    | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> 11 <sup>th</sup> Grade                    |  |
| <input type="checkbox"/> 12 Grade, no diploma                      |  |

Attendance Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Secondary Education:

- |  |  |
|--|--|
| <input type="checkbox"/> Associates Degree                                   | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Bachelors   | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Masters   | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Doctorate   |  |
| <input type="checkbox"/> Other Graduate/Professional Degree                  |  |
| <input type="checkbox"/> Certificate of Advanced Training or Skilled Artisan |  |

Child Education Assessment:\*

Highest Grade Completed:\*

- ☐ School program does not have grade levels
- ☐ Less than grade 5
- ☐ Grades 5-6
- ☐ Grades 7-8
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, no diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Some college
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Current Enrollment Status:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

If Yes, Type of School:

- |  |  |
|--|--|
| <input type="checkbox"/> Public School                     | <input type="checkbox"/> Technical/Career    |
| <input type="checkbox"/> Homeschool                        | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Charter                           | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Parochial or Other Private School | <input type="checkbox"/> Data Not Collected  |

School Name: \_\_\_\_\_

Connected w/McKinney-Vento School Liaison?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

If not enrolled, Last Enrollment Date: \_\_\_\_\_

Reason Not Enrolled: \_\_\_\_\_  
\_\_\_\_\_

*Self-Sufficiency Matrix and AMI Assessments are also available along with other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).*